September 12, 2025

Dr. Mehmet Oz
Administrator, Centers for Medicare & Medicaid Services
Department of Health & Human Services

Submitted via regulations.gov.

RE: Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Dear Administrator Oz,

United States of Care (USofCare) is pleased to submit comments in response to the Calendar Year (CY) 2026 Medicare Physician Fee Schedule proposed rule issued by the Centers for Medicare & Medicaid Services (CMS).

USofCare is a nonpartisan, nonprofit organization working to ensure that everyone has access to quality, affordable health care regardless of health status, social need, or income. Importantly, we are committed to improving the health of everyday people and are eager to engage in solutions that do just that. We advocate for new solutions to tackle our shared health care challenges — solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives. Through our work in the states and listening to people's experiences with the health care system, we are able to identify unique insights from patients on the ground to amplify for uptake at the federal level.

Our response to the proposed rule centers people's perspectives identified through our years of listening work, which has shown that people, including Medicare beneficiaries, desire high-quality, affordable health care. They crave more time with providers and an approach in which their providers communicate with each other to provide them with more personalized, holistic care where the patient is at the forefront of care and decision-making. We call this "patient-first care" (or value-based care) to underscore the importance of addressing people's health care needs in care delivery by moving away from a system that incentivizes volume over quality. Promoting such a system will improve health outcomes and respond to what we know people want while also lowering costs for patients and building toward a more sustainable system overall.

We encourage CMS to continue to focus on crafting policy that can move the health care system beyond the existing fee-for-service chassis that re-aligns provider incentives, adjusts how physicians and other providers are paid, and prioritizes access to critical primary care services, which are all key components of patient-first care. **With this in mind, USofCare's comments focus on the following areas:**

I. Improving Access to High-Quality Primary Care
II. Ambulatory Speciality Model
III. Skin Substitutes

Improving Access to High-Quality Primary Care

We know from our listening work that people desire a health care system in which they can spend more time with their providers, receive care that is coordinated between their providers, and are treated as a whole person rather than a series of symptoms. It is imperative that any shift towards "patient-first care" must be rooted in primary care, the foundation of our health care system.

> *"If you don't have a primary care provider and end up relying on the emergency room for your care, it can be a problem. If you'd been seeing a primary care doctor regularly, you might have learned two years ago that you have diabetes. Instead, you didn't know and now you're about to lose a toe."*
> *- Black woman, rural South Carolina*

Our nation's existing fee-for-service system is ill-equipped to provide quality, comprehensive primary care services to all people. Primary care continues to be undervalued within the Medicare Physician Fee Schedule (PFS), causing fewer physicians to enter these and other subspecialities and contributing to the overall primary care access shortage nationwide.

Efficiency Adjustment
USofCare believes that it is important to more accurately value primary care under the PFS and, as such, **we support CMS's proposed efficiency adjustment.** We agree – and have long considered – that there are shortcomings with the AMA Specialty Society Relative Value Scale Update Committee (RUC)'s survey data that CMS uses to value codes, which has a particular impact on time-based services and primary care-related codes. Ensuring that efficiencies gained over time in non-time-based procedures are accurately reflected in the code valuation will improve payment accuracy and help reduce payment discrepancies between different provider types.

Improving Care for Chronic Illnesses & Behavioral Health Needs
USofCare strongly believes that primary care is an essential tool to promote prevention, support, and management of chronic illnesses and behavior health care needs. However, our research found that among adults we surveyed who had recently received primary care, only 27% used it to manage a chronic condition. Integrated behavioral health promotes "whole-person care" and recognizes that both medical and behavioral health factors are important parts of a patient's overall health. **As such, we appreciate the new behavioral health integration codes for Advanced Primary Care Management (APCM) proposed in the PFS.** We also appreciate the attention within the proposed rule to Rural Health Clinics and Federally Qualified Health Centers, which serve as lifelines for care for rural and underserved communities.

Request for Information Related to APCM and Prevention
USofCare appreciates that CMS is evaluating options for reducing cost sharing for APCM services. Our listening work on primary care underscores the barriers that cost plays in people's ability and willingness to access primary care. This is particularly true among rural Americans. Based on our research, rural adults are significantly more likely (32%) than urban (21%) and suburban (24%) adults to report not seeking out primary care because they are unable to afford it.

Ambulatory Specialty Model
USofCare supports the proposed Ambulatory Specialty Model (ASM). We appreciate CMS's focus on two conditions – congestive heart failure and back pain – that have major

impacts on patients' health and quality of life, in addition to being associated with high Medicare spending. We believe there is value in providing more opportunities for specialists to move into accountable care arrangements, particularly those with two-sided risk. We also support the mandatory nature of this proposed model.

USofCare appreciates the focus that ASM dedicates to coordination between specialists and primary care providers. As noted above, we regularly hear from people who are frustrated by the lack of coordination and communication between their doctors. Collaborative Care Arrangements and similar tools that clearly outline the roles and responsibilities of each provider can help address these problems, which are particularly acute for patients with chronic conditions. We also know that health-related social needs (HRSN) can have major impacts on people's ability to manage chronic conditions, as well as their overall health, so **we appreciate that screening for HRSN will be a component of this coordination and collaboration between primary and specialty care providers under the proposed model.**

Additionally, we applaud CMS for the proposed integration of patient reported data related to their improvement or decline in function and tying that directly to provider payment. A critical component of health care delivery system reform must be ensuring that patients are active participants in their care and that their voices are heard.

Skin Substitutes

Despite mixed evidence on their effectiveness, there has been an influx of skin substitute products onto the market. Medicare spending on such products has grown exponentially, reaching over $10 billion in 2024 – nearly double that of the year before, in part due to payment structures that incentivize high prices as well as the use of the highest cost products, even if it is not the most clinically-appropriate product or treatment for beneficiaries. We share CMS's concern about the overuse of skin substitute products and how it will not only impact the long-term viability of the Medicare Trust Fund, but also to the health outcomes of beneficiaries. **Because of this, USofCare is supportive of CMS's proposal to separately pay for skin substitute products as supplies and establish a standardized rate payment for these products of $125 per square centimeter.**

While we agree that addressing Medicare overpayments for skin substitutes is an important step in curbing fraud, waste, and abuse – as well as beneficiary harm – associated with skin substitutes, **we also believe it is important that the Local Coverage Determination for these products becomes effective as soon as possible.** It is critical for CMS to ensure that Medicare coverage is only being provided to products that meet the statutory standard for coverage, as demonstrated through peer-reviewed, published evidence supporting their use. We believe that, in combination, these two policies will ensure that patients maintain access to proven effective skin substitutes while reducing Medicare spending on unproven, unnecessary, and costly products.

Conclusion

Thank you for the opportunity to respond to the proposed rule. Please reach out to Alyssa Penna, Director of Federal Policy, at apenna@usofcare.org with any questions.

Sincerely,

Lisa Hunter
Senior Director for Federal Policy & Advocacy
United States of Care